Welcoming people to the Mental Health System

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How do you want clients to feel, coming in to your mental health clinic?

- they have to be here, they are court ordered:
 - how they feel does not matter
- they need to be here:
 - they need service and there is no other place for them to go
- they agree to be here:
 - they may not want to come but they are here so how they feel does not matter
- they want to be here

Traditional view:

• We provide a professional service, and only our competence matters

Alternative view:

• We are selling a service, and while the quality of the service is important, so is motivating the client to want the service we want to sell

Does "welcoming" matter? What is the message?

If you are

- Poor
- mentally ill,
- disenfranchised,

Then

- Comfort
- Aesthetics
- Respect

Does not matter

What are we selling?

- Our definition of their problem
- That we can be useful in helping them with this problem
- That we are a better resource to address this problem than other potential "sellers" of solutions
- That they should be willing to "pay", with time, inconvenience, discomfort, in order to receive this help

The problem of "treatment resistant"

• The client does not want to "buy" what we want to sell!

- What can we learn from used car salesmen?
 - We get paid whether we "make the sale" or not
 - Salesmen only get paid if the close on the sale

What is the experience of clients coming into your clinic?

- What does the clinic look like coming in the door?
- Who first says hello?
- What does the waiting room look like?
- How long do people wait?

The transformation of banks

- Used to be austere, formal, uncomfortable
 - Few locations
 - Limited and inconvenient hours

- Now accessible, convenient, friendly
 - All over town
 - Evening and Saturday hours
 - 24 hour access via money machines
 - My bank has cookies and coffee available

Transformation of banks part II

- Why the change? Change in the banks view of their business
- Traditional view: we have services that we will let you use if you follow our rules, because that is the way banks are
- New view: we want you as our customer, because we know that you have lots of other choices, so we want to be as easy, accessible, and convenient as possible

Why worry?

- Our clients do not have other options except us!
- We have always done it this way!
- We are the professionals. Why should be have to be accessible as well. It would be inconvenient!
- Our clients should be satisfied to be able to see someone as competent as us!
- Our clients should be satisfied to get any service at all!

There is nothing we can do

- We do not run the clinic: not our responsibility
- It does not matter: looks, comfort and convenience are just not that important
- We have no money for nicer furniture
- We want art that does not offend anyone
- If we are "too nice" people will want to hang around too much

Clients do have other options

- They can stay away until forced, then stay away anyway
- They can physically come, but not participate
- They can use alcohol or drugs instead
- They can find other supports that we feel would not work as well

Think about your favorite store

What do you like about going to that store

- How it looks
- How you are treated
- Free cookies or coffee
- Range of goods available
- Price
- Convenience

QuickTime™ and a TIFF (LZW) decompressor are needed to see this picture.

Who is welcome

- What do the staff look like?
- What does the art look like?
- What brochures or magazine are out?
- Is there anything that says "you" are welcome or not welcome?

What happens at the appointment

- Who sets the agenda?
- Who gets to label the nature of the problem?
- Who gets to decide on the treatment?
- What does it mean to be "treatment resistent"?
- Does this apply to clinician as well as client?
- Who gets to decide whether the session was "good" or "bad"?

Is this a place that you would want to go

• How would it feel for you to sit in this waiting room?

• How would it feel for you to go into this appointment?

In your mental health center

- How long do clients typically wait?
- Does someone tell them why they are waiting?
- Are there recent magazine or newspapers?
- Is there food or coffee or juice?
- Is my mental health center doing as good a job at welcoming me at my automobile mechanic?

John

• John is a 32 y.o. man with both schizophrenia and a problem with alcohol dependence. He goes on and off medication, goes in and out of the hospital, and has been to detox several times. He lives in a rooming house and comes in for about half of his appointments

How do people "sell" ideas: The accidental tourist

- A strong opening is critical
- Being committed to the product is critical
- Help customers discover their own needs
- Be willing to "do it differently"
- Customers buy from salespeople who align their behavior with the things customers value

I'm glad you came in to see me

- My guess is that you don't much like psychiatrists
- Have any of them done you any good?
- What would you like different in your life?
- What gets in the way?
- Do you believe it is possible?

How to sell YOUR product!

- Trust
- Goal of Contact
- Approach and involvement
- Relationship concern or self-esteem
- Technical approach

Trust me, I'm a mental health professional!

What level do you operate at? <u>Trust</u>

| Neutral or | solver Some | solver Credible to | solver Trust based |
|------------|------------------------|----------------------|---------------------|
| Level 1 | Salesperson or problem | Professional problem | Ally and problem |
| Level 1 | Level 2 | Level 3 | Level 4 |

Level of Trust

Adopted from The Accidental Salesperson: Chris Lytle 2000

My job is to convince you to take your medication regularly and stop abusing alcohol

My job is to understand your problem and your goals from your own point of view, and then see if I have a technology or treatment that will help you get what you want

I am on your side

- I do not need to keep telling you what to do
- I can listen with you
- We can plan together
- You see me as an ally

The Power of Effective Information

You are in the airport, and have been told that your plane is late.

What information are you typically given?

– How do you feel with this information?

How much information do you want?

- Why is it late
- When will it be there
- What are the odds that it will eventually come

What level do you operate at? Goal of Contact

| | Level 1 | Level 2 Salesperson or problem solver | Level 3 Professional problem solver | Level 4 Ally and problem solver |
|---|--------------------|---------------------------------------|-------------------------------------|---|
| t | To "open the door" | Persuade or "make a sale" | "Find a fit" between you and client | Continue to upgrade ideas of how you can help |

Goal of Contact

Adopted from The Accidental Salesperson: Chris Lytle 2000

Finding a fit between you and the client Enhancing motivation to change

| Precontemplation: | Have you thought what it would be like to work? What would it be like if you were not drinking? |
|-------------------|---|
| Contemplation | It seems that in the past, drinking has been part of losing a couple of jobs you liked |

How can we make our time really count?

- You finished 3 years at the University. What was that like?
- Your mom told me that you used to be quite a writer. Do you still write?
- You say that you want a girlfriend. What can we do to make this more possible?

What level do you operate at? Approach and involvement

| | Level 1 | Level 2 Salesperson or problem solver | Level 3 Professional problem solver | Level 4 Ally and problem solver |
|-------------|---------------------------------|---|---|---|
| Preparation | Little planning: just "show up" | Well- planned- how to get client involved | Provides outside ideas and resources for client problem | Comfortable planning of how to use resources better |

Adopted from The Accidental Salesperson: Chris Lytle 2000

The Accidental Sales Training Seminar

You have requested some of my valuable time. I understand that it is your job to do this... I agree to see you if you adhere to the following guidelines.

- Do not attempt to sell me anything until you understand my needs, challenges, and past experiences
- Do not pressure me into doing business with you. The more you push the less I will respond

The Accidental Sales Training Seminar (cont)

- Be clear, concise and articulate. If I agree to see you, I expect you to describe with the highest degree of professionalism how your service will benefit me. If you ramble, you will lose my attention.
- Be a resource. Learn about me and show me that you care. You can't get results for me if you do not know what is going on in my world
- Listen as much as you talk, and don't waste my time

What level do you operate at? Relationship <u>concern or self-esteem</u>

| | Level 1 | Level 2 Salesperson or problem solver | Level 3 Professional problem solver | Level 4 Ally and problem solver |
|-------------------------|-------------|---------------------------------------|-------------------------------------|---------------------------------|
| Relationship concern | Being liked | Being of service: solving a problem | Being a resource | Being an "outside insider" |

Adopted from The Accidental Salesperson: Chris Lytle 2000

I have a technology that will help you with your problem

- Medication: [of course]
- Skill training
- Cognitive therapy: teaching you how to better change your own thinking
- Helping you deal more effectively with trauma
- Helping you with your family and support system

What level do you operate at? Technical approach

| 1 | Level 1 | Level 2 Salesperson or problem solver | Level 3 Professional problem solver | Level 4 Ally and problem solver |
|---|--------------------------------------|---------------------------------------|--|--|
| I | Memorize a canned pitch, or wing it" | Have a clear goal for session | Fit goal and technique to the client's own goals | Use of "best practice" to approach client needs: Use of literature |

Technique

Adopted from The Accidental Salesperson: Chris Lytle 2000

How do people first enter the mental health system

- Confused, angry, upset
- Brought in by police or family
- Often feeling out of control
- Often have little choice in where to go or whom to see

The biggest difference about how "we" and "they" spend time

- Tend to be lonely and isolated
- Tend to have too much unfilled time
- Tend to be very sensitive to discouragement

• "We" spend time with peers, colleagues, and people who choose to be with us

• "They" spend time with people paid to be with them

• "We" spend time in ways that feel productive and useful

"They" try to fill time to make the day pass

- "We" have some areas in our lives where we are "expert", where people ask and listen to our opinion
- "They" are never considered expert in anything

- "We" are at times, both "helpers" and "helpees"
- "They" are always "helpees", and rarely "helpers"

How would we want to be treated if we were on the other side of the desk?

The biggest difference between client's and staff

- Clients are poor
- Clients have too often lost hope that they have a real future
- Clients are much more likely to have a very limited social support system
 - Disconnected from family
 - Disconnected from friends
 - Disconnected from normal points of connection: church, work, activities

Coming into our clinic should be a healing experience

Clients should come away feeling:

- Better about themselves
- More respected
- Worth more/valued more
- Having more options

Than before they came in. Are our clinics doing this?

Technical expertise should add to the client's life, not take something away?

- Does diagnosis give a client useful information, or just put the person in a closed box?
- Is medication a tool that can help the client meet his own goals, or one more thing that is "done to" a person who already has little power.
- Is treatment planning a help to the client, or just something staff has to do

Pleasing customers is our number one goal.

